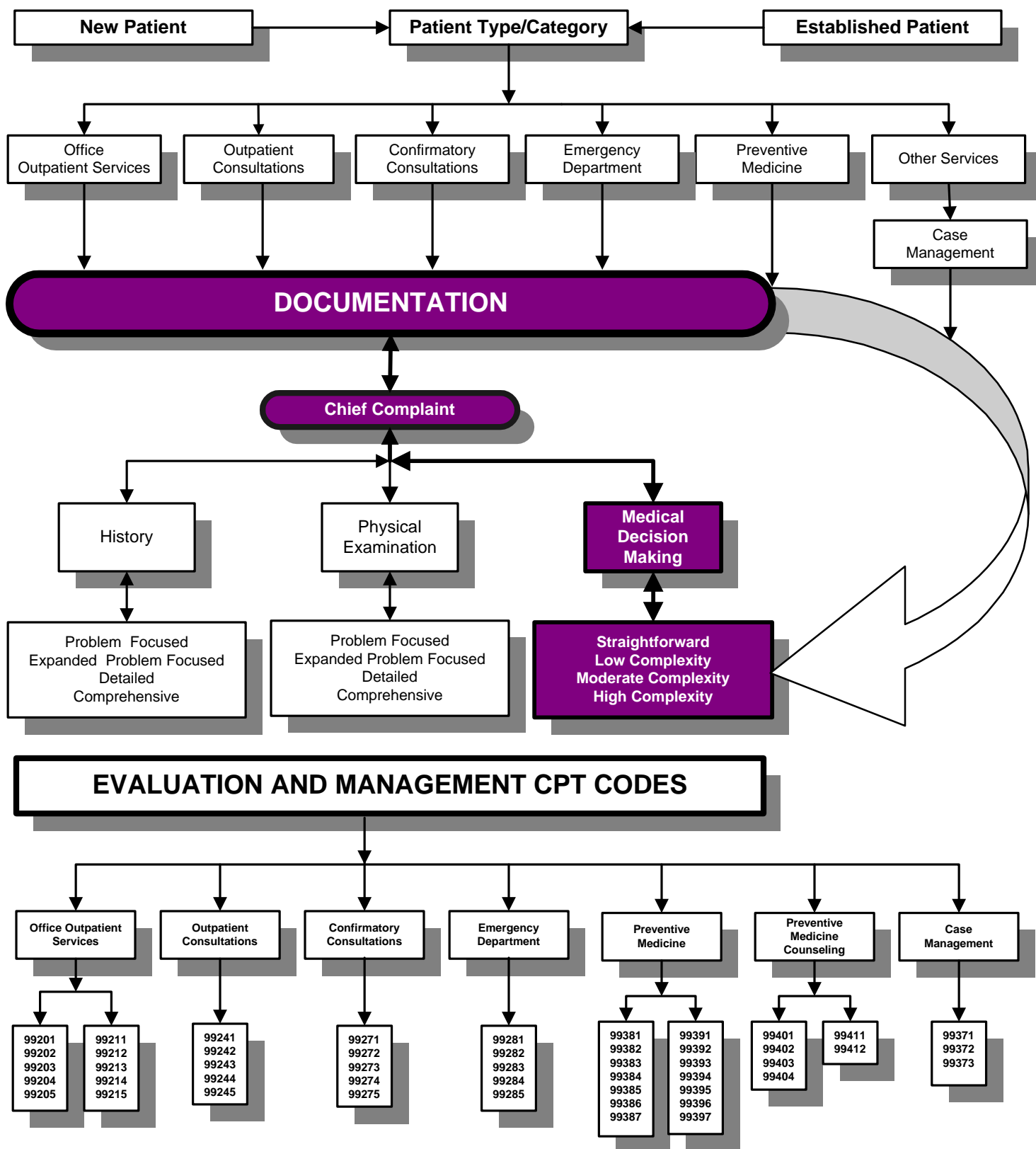


EVALUATION AND MANAGEMENT FLOWCHART



CPT Evaluation and Management, Medical Decision Making

METHODOLOGY

The complexity of services/management options and level of risk determine the extent of medical services provided; therefore, this training manual includes education on medical decision making.

OBJECTIVE

Upon completion of the Medical Decision Making section, you will be able to differentiate:

- ◆ The types of medical decision making:
 - Straightforward,
 - Low Complexity,
 - Moderate Complexity, and
 - High Complexity.

DEFINITIONS

Terms defined in this section include:

- ◆ Management Options
- ◆ Data Reviewed
- ◆ Level of Risk

The following worksheet is designed to display documentation components specific to medical decision making. Each component of the following chart is explained in detail in the following pages.

Medical Decision Making			
<i>To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.</i>			
<u>Number of Diagnoses❖/Management Options **</u>	<u>Amount/Complexity Data to be Reviewed</u>	<u>Risk of Complications/ Morbidity/Mortality</u>	<u>Type of Medical Decision Making</u>
<ul style="list-style-type: none"> • Minimal ❖ One self-limited or minor problem ** Rest, gargles, superficial dressings 	<ul style="list-style-type: none"> • Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound 	<ul style="list-style-type: none"> • Minimal 	<ul style="list-style-type: none"> • Straightforward
<ul style="list-style-type: none"> • Limited ❖ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness ** Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives 	<ul style="list-style-type: none"> • Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging 	<ul style="list-style-type: none"> • Low 	<ul style="list-style-type: none"> • Low Complexity
<ul style="list-style-type: none"> • Multiple ❖ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury ** Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine 	<ul style="list-style-type: none"> • Moderate Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis 	<ul style="list-style-type: none"> • Moderate 	<ul style="list-style-type: none"> • Moderate Complexity
<ul style="list-style-type: none"> • Extensive ❖ 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus ** Elective major OR, ER major surgery, parenteral controlled substances, DNR decision 	<ul style="list-style-type: none"> • Extensive CV Imaging (risk), EPS, endoscopy (risk) 	<ul style="list-style-type: none"> • High 	<ul style="list-style-type: none"> • High Complexity

CPT Evaluation and Management, Medical Decision Making

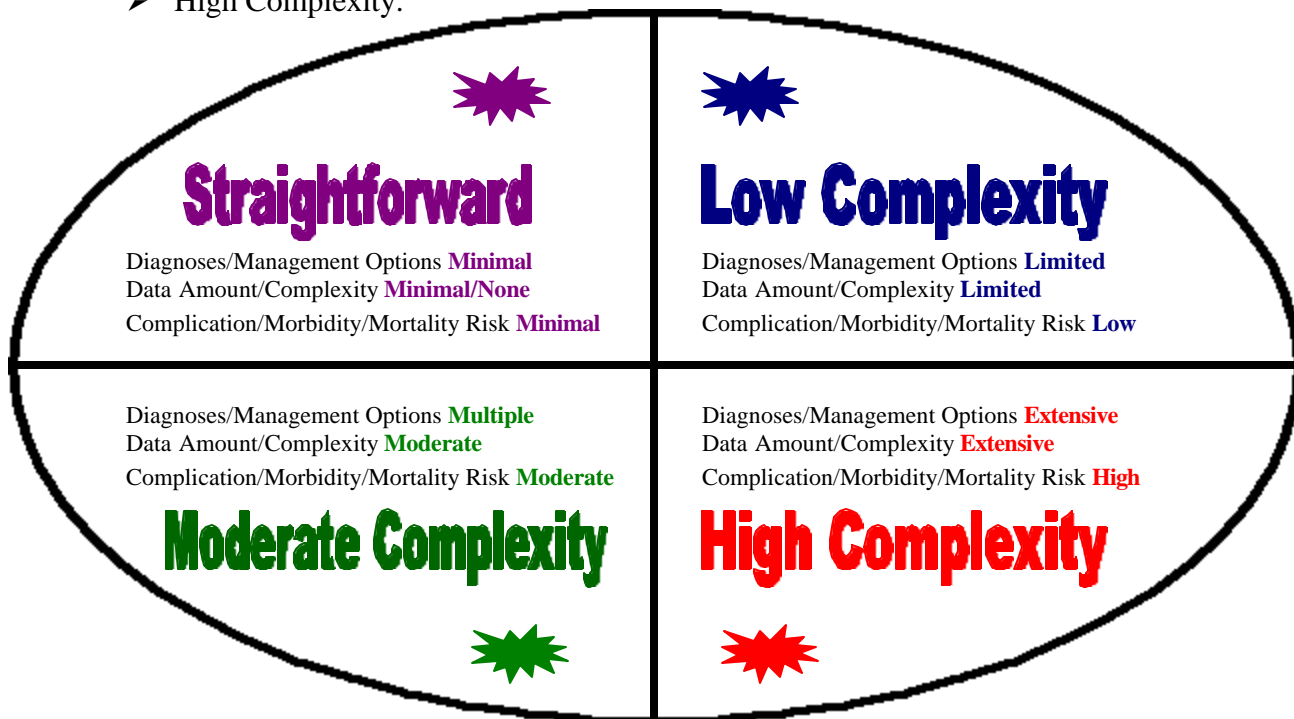
Medical Decision Making

According to the HCFA 1997 Documentation Guidelines for Evaluation and Management Services, “Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

- The number of possible diagnoses and/or the number of management options that must be considered;
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed; and
- The risk of significant complications, morbidity and/or mortality as well as comorbidities associated with the patient’s presenting problem(s), the diagnostic procedure(s), and/or the possible management options.”⁵⁰

The type of medical decision making is determined based on the number of considerations required in management of the patient’s condition(s), and is more subjective than guidelines addressing history and physical examination. The complexity of establishing a diagnosis and/or management option measurements include minimal, limited, multiple, and extensive. The amount and/or complexity of the data measurements include minimal/none, limited, moderate, and extensive. The level of risk options include minimal, low, moderate, and high. Once the extent of diagnoses/management options, amount and/or complexity of data to be reviewed, and risk of complications and/or morbidity or mortality are determined, the type of medical decision making can be established. “Four (4) types of medical decision making are recognized based on documentation of the above mentioned management options:

- Straightforward,
- Low Complexity,
- Moderate Complexity, and
- High Complexity.”⁵¹



⁵⁰ HCFA, 1997, p. 43

⁵¹ Kirschner, 2000, p. 7

CPT Evaluation and Management, Medical Decision Making

Number of Diagnoses or Management Options

“The number of possible diagnoses and/or the number of management options that must be considered are based on the number and types of problems addressed during the encounter, the complexity of establishing a diagnosis, and the management decisions made by the physician.”⁵² The following four (4) terms and definitions are a combination of information found in the Complexity of Medical Decision Making Table and the Table of Risk:

- Minimal Diagnoses: One (1) self limited or minor problem.
- Limited Diagnoses: Two (2) or more self-limited/minor problems, one (1) stable chronic illness or an acute uncomplicated illness/injury.
- Multiple Diagnoses: One (1) or more chronic illnesses with mild exacerbation, two (2) or more stable chronic illnesses, undiagnosed new problem (uncertain prognosis), acute illness with systemic symptoms, or acute complicated injury.
- Extensive Diagnoses: One (1) or more chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function, (e.g., multiple trauma, acute MI, or pulmonary embolus), or an abrupt change in neurological status.

“Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M service *unless* their presence significantly increases the complexity of the medical decision making.”⁵³

“Generally, medical decision making, with respect to a diagnosed problem, is easier than an identified but undiagnosed problem. The number and type of diagnostic tests employed may be an indicator of the number of possible diagnoses. ‘Improving or resolving problems’ are less complex than ‘worsening or failing to change as expected’ problems. The need to seek advice from others is another indicator of complexity of diagnostic or management problems.

An assessment, clinical impression, or diagnosis should be documented for each encounter. It may be explicitly stated or implied in documented decisions regarding management plans and/or further evaluation.

- For a presenting problem with an established diagnosis the record should reflect whether the problem is:
 - Improved, well controlled, resolving, or resolved.
 - Inadequately controlled, worsening, or failing to change as expected.
- For a presenting problem without an established diagnosis, the assessment or clinical impression may be stated in the form of differential diagnoses, or as a “possible,” “probable,” or “rule out” (R/O) diagnosis.”⁵⁴

Initiation of, or changes in treatment should be documented. Treatment includes a wide range of management options including patient instructions, nursing instructions, therapies, and medications.

If referrals are made, consultations requested, or advice sought, the medical record should indicate to whom or where the referral or consultation is made or from whom the advice is requested.

⁵² HCFA, 1997, p. 44

⁵³ Kirschner, 2000, p. 7

⁵⁴ HCFA, 1997, p. 44

CPT Evaluation and Management, Medical Decision Making

Amount and/or Complexity of Data to Review

“The amount and complexity of data to be reviewed is based on the types of diagnostic testing ordered or reviewed. A decision to obtain and review old medical records and/or obtain history from sources other than the patient, increases the amount and complexity of data to be reviewed.

Discussion of contradictory or unexpected test results, with the physician who performed or interpreted the test, is an indication of the complexity of data being reviewed. Another indication of the complexity of data being reviewed includes an occasion when the physician, who ordered a test, may personally review the image, tracing, or specimen to supplement information from the physician who prepared the test report or interpretation.

Documentation guidelines addressing the amount and/or complexity of data to be reviewed include:

- If a diagnostic service (test or procedure) is ordered, planned, scheduled, or performed at the time of the E/M encounter, the type of service, e.g., laboratory or x-ray should be documented.
- The review of laboratory, radiology, and/or other diagnostic tests should be documented. A simple notation such as “WBC elevated” or “chest x-ray unremarkable” is acceptable. Alternatively, the review may be documented by initialing and dating the report containing the test results.
- A decision to obtain old records or obtain additional history from the family, caretaker, or other source to supplement that obtained from the patient should be documented.
- Relevant findings from review of old records, and/or receipt of additional history from the family, caretaker, or other source to supplement that obtained from the patient should be documented. It should be documented if there is no relevant information beyond information already obtained. A notation of “Old records reviewed” or “additional history obtained from family” without elaboration is insufficient.
- The results of discussion of laboratory, radiology, or other diagnostic tests with the physician who performed or interpreted the study should be documented.
- The direct visualization and independent interpretation of an image, tracing, or specimen previously or subsequently interpreted by another physician should be documented.”⁵⁵

The classification for *amount and/or complexity of data to review* is defined by HCFA as:

- Minimal or none,
- Limited,
- Moderate, and
- Extensive.

Examples of the classification terms are found in the Table of Risk, column three (3) on page 79 of this manual, and page 47, of the HCFA Guidelines.

⁵⁵ HCFA, 1997, p. 45

CPT Evaluation and Management, Medical Decision Making

Risk of Complications, Morbidity, and/or Mortality

“The risk of significant complications, morbidity, and/or mortality is based on the risks associated with the presenting problem(s), the diagnostic procedure(s), and the possible management options. Documentation guidelines addressing risk of significant complications, morbidity, and/or mortality include:

- Comorbidities/underlying diseases or other factors that increase the complexity of medical decision making by increasing the risk of complications, morbidity, and/or mortality should be documented.
- If a surgical or invasive diagnostic procedure is ordered, planned, or scheduled at the time of the E/M encounter, the type of procedure, e.g., laparoscopy, should be documented.
- If a surgical or invasive diagnostic procedure is performed at the time of the E/M encounter, the specific procedure should be documented.
- The referral for or decision to perform a surgical or invasive diagnostic procedure on an urgent basis should be documented or implied.”⁵⁶

The table found on the next page defines the *level or risk* classification and provides examples of specific clinical information applicable to the each level of risk. Level of risk includes:

- Minimal,
- Low,
- Moderate, and
- High.

The table encompasses presenting problem(s), diagnostic procedure(s) ordered, and management options selected.

⁵⁶ HCFA, 1997, p. 46

CPT Evaluation and Management, Medical Decision Making

Table of Risk⁵⁷

“The highest level of risk in any one (1) category presenting problem(s), diagnostic procedure(s), or management option(s), determines the overall risk.”⁵⁸

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	<ul style="list-style-type: none"> One self-limited or minor problem e.g., cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> Lab tests requiring venipuncture. Chest x-rays EKG/EEG Urinalysis Ultrasound e.g., echocardiography KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well controlled hypertension, NIDD, cataract, BPH Acute uncomplicated illness or injury e.g., cystitis, allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> Physiologic tests not under stress, e.g., pulmonary function tests Non-cardiovascular imaging studies with contrast e.g., barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> Over the counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis e.g., lump in breast Acute illness with systemic symptoms e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury e.g., head injury with brief loss of consciousness 	<ul style="list-style-type: none"> Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsies Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis 	<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open, percutaneous, or endoscopic with no identified risk factor) Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute/chronic illnesses/injuries that pose a threat to life or bodily function e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurological status e.g., seizure, TIA, weakness, sensory loss 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests (EPS) Diagnostic endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous, or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

⁵⁷ HCFA, 1997, p.47

⁵⁸ Ibid., p.46

CPT Evaluation and Management, Medical Decision Making

Table of Risk

The level of risk must be determined prior to considering the type of medical decision making. An example of each of the categories in the Table of Risk is illustrated below:

Table of Risk

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	<ul style="list-style-type: none"> One self-limited or minor problem e.g., cold, insect bites, tinea corporis. 	<ul style="list-style-type: none"> Lab tests requiring venipuncture. 	<ul style="list-style-type: none"> Rest. Gargles. Elastic bandages. Superficial dressings.
Limited	<ul style="list-style-type: none"> Two or more stable chronic illnesses, e.g., NIDDM, hypertension, or simple joint disease. Undiagnosed new problem with uncertain prognosis e.g., lump in breast. Acute illness with systemic symptoms e.g., pyelonephritis, pneumonitis, colitis. Acute complicated injury e.g., head injury with brief loss of consciousness. 	<ul style="list-style-type: none"> Physiologic test not under stress e.g., pulmonary function tests. Non-cardiovascular imaging studies with contrast e.g., barium enema. Superficial needle biopsies. Lab tests: arterial puncture. Skin biopsies. 	<ul style="list-style-type: none"> Rest. Gargles. Elastic Bandages. Superficial dressings.
High	<ul style="list-style-type: none"> One or more chronic illnesses with severe progression, or side effects of treatment. Chronic illnesses/injuries that pose a threat to self or others, e.g., multiple myeloma, severe MI, pulmonary embolus, severe arthritis, psychiatric illness with threat to self or others, peritonitis, acute renal failure. An abrupt change in neurological status e.g., seizure, TIA, weakness, sensory loss. 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors. Cardiac electrophysiological tests (EPS). Diagnostic endoscopies with identified risk factors. Discography. 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors. Emergency major surgery (open, percutaneous, or endoscopic). Parenteral controlled substances. Drug therapy requiring intensive monitoring for toxicity. Decision not to resuscitate or to de-escalate care because of poor prognosis.

To qualify for a given level of risk, the highest level of risk in any one (1) category (presenting problem, diagnostic procedures ordered, or management options selected) determines the level of risk.

The following table demonstrates the application of the above Table of Risk categories.

Presenting Problem	Diagnostic Procedures Ordered	Management Options Selected	Level of Risk
Minimal	Minimal	Minimal	Minimal
Limited	Limited	Limited	Low
Multiple	Moderate	Multiple	Moderate
Extensive	Extensive	Extensive	High




The highest category was diagnostic procedures ordered (**limited**); therefore, the level of risk for this example is **low**.

CPT Evaluation and Management, Medical Decision Making








Type of Medical Decision Making

To qualify for a given type of decision making, **two (2)** of the **three (3)** elements in the table must be either met or exceeded. The risk of complications, morbidity and mortality is determined by the Table of Risk. The following tables demonstrate the progression of the elements required for each type of medical decision making.

Example 1: Limited Number of Diagnoses/Management Options + **Limited** Amount/Complexity of Data Reviewed + **Low** Risk of Complications/ Morbidity/Mortality = **Low Complexity** Type of Decision Making. All of the categories are consistent with Low Complexity Medical Decision Making.

Number of Diagnoses/ Management Options	Amount/Complexity of Data Reviewed	Risk of Complications/ Morbidity/Mortality	Type of Decision Making
Minimal	Minimal or None	Minimal	Straightforward
Limited 	Limited 	Low 	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexity
Extensive	Extensive	High	High Complexity

Example 2: Limited Number of Diagnoses/Management Options + **Moderate** Amount/Complexity of Data Reviewed + **Moderate** Risk of Complications/Morbidity/Mortality = **Moderate** Complexity Type of Decision Making. Two (2) of the three (3) elements must be met or exceeded.

Number of Diagnoses/ Management Options	Amount/Complexity of Data Reviewed	Risk of Complications/ Morbidity/Mortality	Type of Decision Making
Minimal	Minimal or None	Minimal	Straightforward
Limited 	Limited 	Low 	Low Complexity
Multiple 	Moderate 	Moderate 	Moderate Complexity
Extensive	Extensive 	High	High Complexity

Proceed to the next pages for practice activities in assigning the appropriate level of medical decision.

CPT Evaluation and Management, Medical Decision Making

Medical Decision Making Practice Outpatient Service Scenarios

The following cases, A, B, and C, are provided as exercises for applying the information contained in the Medical Decision Making section.

Elements applied in determining the recommended level of physical examination are in bold italic lettering. Documentation addressing the patient physical examination is underlined. Text referring to the patient category remains shaded.

Patient A:

Patient A is a 42 year old male who is **seen for the first time in the Family Practice clinic** with a laceration and abrasions of the right upper arm. The injury occurred during renovation of an old building. A board with nails fell from a beam and grazed the right arm. The wound was oozing blood after the incident occurred. The arm was tightly wrapped with a towel at the scene.

The patient history is negative – no medications and no past surgeries.

Allergies: Sulfa

Vital Signs: BP – 124/78, P – 56, T – 37.8

The patient ***appears in no distress***. The wound ***involves the subcutaneous tissue layer, and is 3cm in length. Edges are jagged***. No bleeding noted on examination.

Treatment: Wound cleansed, rough edges trimmed, steri-strips and dressing applied. Patient instructed to return if redness, pain, or swelling occurs.

Tetanus Toxoid vaccination given.

What is the level of medical decision making? Select the elements documented on the medical decision portion of the worksheet. Then determine the level of medical decision making e.g., straightforward, low complexity.

KEY

Patient Type/Category

Patient History

Patient Physical Examination

DOCUMENTATION

Shaded

Underlined

Bold/Italics



CPT Evaluation and Management, Medical Decision Making

Patient A Medical Decision Making Worksheet

Patient History			
✓ Chief Complaint		✓ New Patient	• Established Patient
To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.			
HPI	ROS	PFSH	Type of History
<ul style="list-style-type: none"> ✓ Location • Quality ✓ Severity • Duration • Timing ✓ Context • Mod Factor ✓ Assoc S&S 	<ul style="list-style-type: none"> ✓ Allergic/Imm • Constitutional • Hem/Lymph • ENMT ✓ Integument • Eyes • GI • GU • CV • Endocrine • Musc/Skel • Neurological • Psychiatric • Respiratory 	<ul style="list-style-type: none"> ✓ Past History • Family History • Social History 	Documentation of history of present illness, review of systems, and past, family and/or social history establishes the type of history.
• Brief HPI = 1-3			• Problem Focused
• Brief HPI = 1-3	• Problem Pertinent ROS = Related System		• Expanded Problem Focused
✓ Extended HPI = 4 or >3 Chr	✓ Extended ROS = 2-9 Systems	✓ Pertinent PFSH = 1	✓ Detailed
• Extended HPI = 4 or >3 Chr	• Complete ROS = 10 or > Systems	• Complete = 2-3	• Comprehensive
General Multi-System Examination			
Constitutional	Cardiovascular	Neurological	Eyes
<ul style="list-style-type: none"> • Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration ✓ General Appearance 	<ul style="list-style-type: none"> • Palpation Heart • Auscultation Heart • Carotid Arteries • Abdominal Aorta • Femoral Arteries • Pedal Pulses • Extremities 	<ul style="list-style-type: none"> • Test Cranial Nerves • DTR • Sensation 	<ul style="list-style-type: none"> • Conjunctivae, Lids • Pupils, Irises • Optic Discs
Gastrointestinal	Respiratory	Male	Female
<ul style="list-style-type: none"> • Mass/Tenderness • Liver, Spleen • Exam for Hernia • Anus/Perineum/Rectum • Stool Occult/Indicated 	<ul style="list-style-type: none"> • Respiratory Effort • Percussion Chest • Palpation Chest • Auscultation Lungs 	<ul style="list-style-type: none"> • Scrotum • Penis • Prostate 	<ul style="list-style-type: none"> • Genitalia • Urethra • Bladder • Cervix • Uterus • Adnexa
ENMT	Skin	Musculoskeletal	
<ul style="list-style-type: none"> • External Ears & Nose • Aud Canal, Tymp Membrane • Hearing • Nasal Mucosa, Sept, Turb • Lips, Teeth, Gums • Oropharynx 	<ul style="list-style-type: none"> ✓ Inspect Sub-q Tissue ✓ Palpate Sub-q Tissue 	<ul style="list-style-type: none"> • Gait/Station • Joints/Bones/Muscles 1 or > of 6 areas • Insp/Palp • ROM • Inspect/Palpate Digits/Nails • Stability • Tone, Strength 	
	Lymphatic	Psychiatric	
	<ul style="list-style-type: none"> • Lymph Nodes 2 or > • Neck • Axillae • Groin • Other 	<ul style="list-style-type: none"> • Judgement, Insight • MSE: TPP • Neck Exam • Thyroid Exam • MSE: Memory • MSE: Mood, Affect • Inspect Breasts • Palp Breasts/Axillae 	
Type of Examination			
Perform and Document:			
✓ Problem Focused: 1-5 bulleted (€) elements			
• Expanded Problem Focused: 6 or > bulleted (€) elements			
• Detailed: 2 or > bulleted (€) elements of 6 systems or 12 or > bulleted (€) elements in 2 or > systems			
• Comprehensive: Perform all elements identified by a bullet (€) in at least 9 organ systems/body areas and document at least 2 bulleted (€) elements from each of 9 systems/areas			
Medical Decision Making			
To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.			
Number of Diagnoses & Management Options	Amount/Complexity Data to be Reviewed	Risk of Complications/Morbidity/Mortality	Type of Medical Decision Making
<ul style="list-style-type: none"> • Minimal ❖ One self-limited or minor problem – Rest, gargles, superficial dressings 	<ul style="list-style-type: none"> • Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound 	<ul style="list-style-type: none"> • Minimal 	• Straightforward
<ul style="list-style-type: none"> • Limited ❖ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness – Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives 	<ul style="list-style-type: none"> • Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging 	<ul style="list-style-type: none"> • Low 	• Low Complexity
<ul style="list-style-type: none"> • Multiple ❖ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury – Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine 	<ul style="list-style-type: none"> • Moderate Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis 	<ul style="list-style-type: none"> • Moderate 	• Moderate Complexity
<ul style="list-style-type: none"> • Extensive ❖ 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus – Elective major OR, ER major surgery, parenteral controlled substances, DNR decision 	<ul style="list-style-type: none"> • Extensive CV Imaging (risk), EPS, endoscopy (risk) 	<ul style="list-style-type: none"> • High 	• High Complexity

CPT Evaluation and Management, Medical Decision Making

Medical Decision Making Practice Outpatient Service Scenarios (Continued)

Patient B:

Patient B is an 8 year old female who was recently seen in the Pediatric clinic with tonsillitis. Returns today for follow-up visit. Feeling better. Denies sore throat. Occasional nonproductive cough. Denies nausea, vomiting, or diarrhea.

Patient medical history is positive for frequent URIs. No surgeries. Family history negative.

Lives with mother, father, and three siblings. Has missed 10 days of school.

Current Medications: Sudafed, Amoxicillin

Allergies: None

Vital Signs: BP – 86/54, P – 100, R – 24, T – 37.8, Wt – 23kg, Ht – 108cm

Exam: ***Color improved. Alert and oriented x3; Ears: Tympanic Membranes: clear; Throat: tonsils, slight atrophy without inflammation; Mouth: mucus membranes moist; no nasal drainage; Neck: no masses; Chest: clear; CV: regular without murmur; Abdomen: no masses/tenderness, liver/spleen normal.***

Impression: Tonsillitis improved. Continue antibiotics until gone.

What is the level of medical decision making? Select the elements documented on the medical decision portion of the worksheet. Then determine the level of medical decision making e.g., straightforward, low complexity.

KEY

Patient Type/Category

Patient History

Patient Physical Examination

DOCUMENTATION

Shaded

Underlined

Bold/Italics

CPT Evaluation and Management, Medical Decision Making

Patient B Medical Decision Making Worksheet Scenario, Continued

Patient History				
✓ Chief Complaint		• New Patient		✓ Established Patient
<i>To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.</i>				
HPI ✓ Location • Quality ✓ Severity • Duration • Timing • Context • Mod Factor ✓ Assoc S&S	ROS ✓ Allergic/Imm • Constitutional • Hem/Lymph ✓ ENMT • Integument • Eyes ✓ GI • GU • CV • Endocrine • Musc/Skel • Neurological • Psychiatric ✓ Respiratory	PFSH ✓ Past History ✓ Family History ✓ Social History	Type of History <i>Documentation of history of present illness, review of systems, and past, family and/or social history establishes the type of history.</i>	
• Brief HPI = 1-3				• Problem Focused
✓ Brief HPI = 1-3		• Problem Pertinent ROS = Related System		✓ Expanded Problem Focused
• Extended HPI = 4 or >/3 Chr		✓ Extended ROS = 2-9 Systems		• Detailed
• Extended HPI = 4 or >/3 Chr		• Complete ROS = 10 or > Systems		• Comprehensive
General Multi-System Examination				
Constitutional ✓ Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration ✓ General Appearance	Cardiovascular • Palpation Heart ✓ Auscultation Heart • Carotid Arteries • Abdominal Aorta • Femoral Arteries • Pedal Pulses • Extremities	Neurological • Test Cranial Nerves • DTR • Sensation Genitourinary Male • Scrotum • Penis • Prostate Female • Genitalia • Urethra • Bladder • Cervix • Uterus • Adnexa	Eyes • Conjunctivae, Lids • Pupils, Irises • Optic Discs	Type of Examination Perform and Document: • Problem Focused: 1-5 bulleted (€) elements • Expanded Problem Focused: 6 or > bulleted (€) elements ✓ Detailed: 2 or > bulleted (€) elements of 6 systems or 12 or > bulleted (€) elements in 2 or > systems • Comprehensive: Perform all elements identified by a bullet (€) in at least 9 organ systems/body areas and document at least 2 bulleted (€) elements from each of 9 systems/areas
Gastrointestinal ✓ Mass/Tenderness ✓ Liver, Spleen • Exam for Hernia • Anus/Perineum/Rectum • Stool Occult/Indicated	Respiratory • Respiratory Effort • Percussion Chest • Palpation Chest ✓ Auscultation Lungs	Musculoskeletal • Gait/Station • Joints/Bones/Muscles 1 or > of 6 areas • Insp/Palp • ROM • Inspect/Palpate Digits/Nails • Stability • Tone, Strength	Psychiatric • Judgement, Insight ✓ MSE: TPP • Neck ✓ Neck Exam • Thyroid Exam • MSE: Memory • MSE: Mood, Affect Chest/Breast • Inspect Breasts • Palp Breasts/Axillae	
ENMT ✓ External Ears & Nose ✓ Aud Canal, Tymp Membrane • Hearing ✓ Nasal Mucosa, Sept, Turb • Lips, Teeth, Gums ✓ Oropharynx	Skin • Inspect Sub-q Tissue • Palpate Sub-q Tissue Lymphatic • Lymph Nodes 2 or > • Neck • Axillae • Groin • Other			
Medical Decision Making				
<i>To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.</i>				
Number of Diagnoses÷/Management Options ~ • Minimal ❖ One self-limited or minor problem ~ Rest, gargles, superficial dressings • Limited ❖ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness ~ Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives • Multiple ❖ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury ~ Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine • Extensive ❖ 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus ~ Elective major OR, ER major surgery, parenteral controlled substances, DNR decision	Amount/Complexity Data to be Reviewed • Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound • Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging • Moderate Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis • Extensive CV Imaging (risk), EPS, endoscopy (risk)	Risk of Complications/ Morbidity/Mortality • Minimal • Low • Moderate • High	Type of Medical Decision Making • Straightforward • Low Complexity • Moderate Complexity • High Complexity	

CPT Evaluation and Management, Medical Decision Making

Medical Decision Making Practice Outpatient Service Scenarios (Continued):

Patient C:

Cardiology Office Visit: The primary care provider requested a cardiology consultation for evaluation and/or management of congestive heart failure. The patient was seen yesterday by the primary care provider. The EKG showed atrial fibrillation and the chest x-ray indicated congestive heart failure. Laboratory results are being faxed to the office.

Patient C is a new patient to the Cardiology clinic. He is a 62 year old male with a new onset of congestive heart failure.

Chief Complaint: Patient referred with recent findings of CHF. Experiencing shortness of breath and palpitations. Symptoms are precipitated by mowing lawn or with walking approximately five (5) blocks. Denies chest pain.

History: No personal or family history of CAD, MI, or CA.

Surgeries include lap cholecystectomy 10 years ago. On no medication.

Occasional alcohol, has not smoked for 8 years.

Allergies: Penicillin

Vital Signs: BP – R130/86, L134/86, P – 120, R – 24, T – 37.0, Weight – 65kg, Height – 150cm

Exam: *Appears older than stated age, retired*. CV: *pulse irregular rhythm, no murmur, faint bilateral rales*. Neck: *carotid – no bruit, no JVD*. Abdomen: *no masses/tenderness, liver/spleen wnl*. Extremities: *Femoral pulses strong, equal; Bilateral pedal pulses faint. 1+ ankle edema. Decreased exercise tolerance*.

EKG – Atrial Fibrillation

Impression: New onset Atrial Fib, CHF

Plan: Anticoagulation, 2D Echo, Cardioversion, R/O CAD, Cardiac Profile

What is the level of medical decision making? Select the elements documented on the medical decision portion of the worksheet. Then determine the level of medical decision making e.g., straightforward, low complexity.

KEY

Patient Type/Category

Patient History

Patient Physical Examination

DOCUMENTATION

Shaded

Underlined

Bold/Italics



CPT Evaluation and Management, Medical Decision Making

Patient C Medical Decision Making Worksheet Scenarios

Patient History			
✓ Chief Complaint		✓ New Patient	• Established Patient
<i>To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.</i>			
HPI	ROS	PFSH	Type of History
<ul style="list-style-type: none"> ✓ Location • Quality • Severity ✓ Duration ✓ Timing • Context ✓ Mod Factor ✓ Assoc S&S 	<ul style="list-style-type: none"> ✓ Allergic/Imm • Constitutional • Hem/Lymph • ENMT • Integument • Eyes • GI • GU ✓ CV • Endocrine • Musc/Skel • Neurological • Psychiatric ✓ Respiratory 	<ul style="list-style-type: none"> ✓ Past History ✓ Family History ✓ Social History 	Documentation of history of present illness, review of systems, and past, family and/or social history establishes the type of history.
• Brief HPI = 1-3			• Problem Focused
• Brief HPI = 1-3	• Problem Pertinent ROS = Related System		• Expanded Problem Focused
✓ Extended HPI = 4 or >3 Chr	✓ Extended ROS = 2-9 Systems	• Pertinent PFSH = 1	✓ Detailed
• Extended HPI = 4 or >3 Chr	• Complete ROS = 10 or > Systems	✓ Complete = 2-3	• Comprehensive
Cardiovascular Examination			
Constitutional <ul style="list-style-type: none"> ✓ Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration ✓ General Appearance 	Cardiovascular <ul style="list-style-type: none"> • Palpation Heart ✓ Auscultation Heart ✓ BP 2 or > Extremities ✓ Carotid Arteries • Abdominal Aorta ✓ Femoral Arteries ✓ Pedal Pulses ✓ Peripheral Edema 	Respiratory <ul style="list-style-type: none"> • Respiratory Effort ✓ Auscultation Lungs 	Type of Examination Perform and Document: <ul style="list-style-type: none"> • Problem Focused: 1-5 bulleted (•) elements • Expanded Problem Focused: 6 or > bulleted (•) elements ✓ Detailed: 12 or > bulleted (•) elements • Comprehensive: Perform all elements identified by a bullet (•), document all elements in a box with a border and 1 element in each box with no border.
Gastrointestinal <ul style="list-style-type: none"> ✓ Mass/Tenderness ✓ Liver, Spleen • Stool Occult/Indicated 	Musculoskeletal <ul style="list-style-type: none"> • Back: Kyphosis ✓ Gait/Ability to Exercise • Muscle Strength/Tone 	Extremities <ul style="list-style-type: none"> • Inspect/Palpate Digits/Nails 	
ENMT <ul style="list-style-type: none"> • Inspect Teeth, Gums, Palate • Inspect Oral Mucosa Note Pallor/Cyanosis 	Eyes <ul style="list-style-type: none"> • Conjunctive, Lids 	Skin <ul style="list-style-type: none"> • Inspect/Palpate Sub-q Tissue 	
		Neuro/Psych <ul style="list-style-type: none"> Brief MSE: • Orientation Time, Place, Person • Mood and Affect 	
Medical Decision Making			
<i>To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.</i>			
Number of Diagnoses & Management Options	Amount/Complexity Data to be Reviewed	Risk of Complications/Morbidity/Mortality	Type of Medical Decision Making
<ul style="list-style-type: none"> • Minimal ❖ One self-limited or minor problem - Rest, gargles, superficial dressings 	<ul style="list-style-type: none"> • Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound 	<ul style="list-style-type: none"> • Minimal 	<ul style="list-style-type: none"> • Straightforward
<ul style="list-style-type: none"> • Limited ❖ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness - Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives 	<ul style="list-style-type: none"> • Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging 	<ul style="list-style-type: none"> • Low 	<ul style="list-style-type: none"> • Low Complexity
<ul style="list-style-type: none"> • Multiple ❖ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury - Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine 	<ul style="list-style-type: none"> • Moderate Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis 	<ul style="list-style-type: none"> • Moderate 	<ul style="list-style-type: none"> • Moderate Complexity
<ul style="list-style-type: none"> • Extensive ❖ 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus - Elective major OR, ER major surgery, parenteral controlled substances, DNR decision 	<ul style="list-style-type: none"> • Extensive CV Imaging (risk), EPS, endoscopy (risk) 	<ul style="list-style-type: none"> • High 	<ul style="list-style-type: none"> • High Complexity

CPT Evaluation and Management, Medical Decision Making

Medical Decision Making Answers

The text addressing the Decision Making is **[Bold Brackets]**.

Patient A:

Patient A is a 42 year old male who is **seen for the first time in the Family Practice clinic** with a **[laceration and abrasions of the right upper arm]**. The injury occurred during renovation of an old building. A board with nails fell from a beam and grazed the right arm. The wound was oozing blood after the incident occurred. The arm was tightly wrapped with a towel at the scene.

The patient history is negative – no medications and no past surgeries.

Allergies: Sulfa

Vital Signs: BP – 124/78, P – 56, T – 37.8

The patient *appears in no distress*. The wound *involves the subcutaneous tissue layer, and is 3cm in length. Edges are jagged*. No bleeding noted on examination.

Treatment: **[Wound cleansed, rough edges trimmed, steri-strips and dressing applied. Patient instructed to return if redness, pain, or swelling occurs. Tetanus Toxoid vaccination given.]**

What is the level of medical decision making? Select the elements documented on the medical decision portion of the worksheet. The patient history and the level of physical examination are displayed from the previous history and physical examination activity.

KEY

Patient Type/Category
Patient History
Patient Physical Examination
Patient Medical Decision

DOCUMENTATION

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[Bracket]



CPT Evaluation and Management, Medical Decision Making

Patient A Medical Decision Making Worksheet Answers

Patient History				
✓ Chief Complaint		✓ New Patient		• Established Patient
<i>To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.</i>				
HPI ✓ Location • Quality ✓ Severity • Duration • Timing ✓ Context • Mod Factor ✓ Assoc S&S	ROS ✓ Allergic/Imm • Constitutional • Hem/Lymph • ENMT ✓ Integument • Eyes • GI • GU • CV • Endocrine • Musc/Skel • Neurological • Psychiatric • Respiratory	PFSH ✓ Past History • Family History • Social History	Type of History <i>Documentation of history of present illness, review of systems, and past, family and/or social history establishes the type of history.</i>	
• Brief HPI = 1-3			• Problem Focused	
• Brief HPI = 1-3	• Problem Pertinent ROS = Related System		• Expanded Problem Focused	
✓ Extended HPI = 4 or >3 Chr	✓ Extended ROS = 2-9 Systems	✓ Pertinent PFSH = 1	✓ Detailed	
• Extended HPI = 4 or >3 Chr	• Complete ROS = 10 or > Systems	• Complete = 2-3	• Comprehensive	
General Multi-System Examination				
Constitutional • Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration ✓ General Appearance	Cardiovascular • Palpation Heart • Auscultation Heart • Carotid Arteries • Abdominal Aorta • Femoral Arteries • Pedal Pulses • Extremities	Neurological • Test Cranial Nerves • DTR • Sensation Genitourinary Male • Scrotum • Penis • Prostate Female • Genitalia • Urethra • Bladder • Cervix • Uterus • Adnexa	Eyes • Conjunctivae, Lids • Pupils, Irises • Optic Discs	Type of Examination Perform and Document: ✓ Problem Focused: 1-5 bulleted (€) elements • Expanded Problem Focused: 6 or > bulleted (€) elements • Detailed: 2 or > bulleted (€) elements of 6 systems or 12 or > bulleted (€) elements in 2 or > systems • Comprehensive: Perform all elements identified by a bullet (€) in at least 9 organ systems/body areas and document at least 2 bulleted (€) elements from each of 9 systems/areas
Gastrointestinal • Mass/Tenderness • Liver, Spleen • Exam for Hernia • Anus/Perineum/Rectum • Stool Occult/Indicated	Respiratory • Respiratory Effort • Percussion Chest • Palpation Chest • Auscultation Lungs	Musculoskeletal • Gait/Station • Joints/Bones/Muscles 1 or > of 6 areas • Insp/Palp • ROM • Inspect/Palpate Digits/Nails • Stability • Tone, Strength	Psychiatric • Judgement, Insight • MSE: TPP • Neck • Thyroid Exam • MSE: Memory • MSE: Mood, Affect • Chest/Breast • Inspect Breasts • Palp Breasts/Axillae	
ENMT • External Ears & Nose • Aud Canal, Tymp Membrane • Hearing • Nasal Mucosa, Sept, Turb • Lips, Teeth, Gums • Oropharynx	Skin ✓ Inspect Sub-q Tissue ✓ Palpate Sub-q Tissue Lymphatic • Lymph Nodes 2 or > • Neck • Axillae • Groin • Other			
Medical Decision Making				
<i>To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.</i>				
Number of Diagnoses ÷/Management Options ~ ✓ Minimal • One self-limited or minor problem ~ Rest, gargles, superficial dressings • Limited • 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness ~ Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives • Multiple • 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury ~ Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine • Extensive • 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus ~ Elective major OR, ER major surgery, parenteral controlled substances, DNR decision	Amount/Complexity Data to be Reviewed ✓ Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound • Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging • Moderate Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis • Extensive CV Imaging (risk), EPS, endoscopy (risk)	Risk of Complications/ Morbidity/Mortality • Minimal • Low ✓ Moderate • High	Type of Medical Decision Making ✓ Straightforward • Low Complexity • Moderate Complexity • High Complexity	

CPT Evaluation and Management, Medical Decision Making

Medical Decision Making Answers (Continued)

The text addressing the Decision Making is **[Bold Brackets]**.

Patient B:

Patient B is an 8 year old female who was **recently seen in the Pediatric Clinic** with tonsillitis. Returns today for follow-up visit. Feeling better. Denies sore throat. Occasional nonproductive cough. Denies nausea, vomiting, or diarrhea.

Patient medical history is positive for frequent URIs. No surgeries. Family history negative.

Lives with mother, father, and three siblings. Has missed 10 days of school.

Current Medications: Sudafed, Amoxicillin

Allergies: None

Vital Signs: BP – 86/54, P – 100, R – 24, T – 37.8, Wt – 23kg, Ht – 108cm

Exam: Color improved. Alert and oriented x3; Ears: Tympanic Membranes: clear; Throat: tonsils, slight atrophy without inflammation; Mouth: mucus membranes moist; no nasal drainage; Neck: no masses; Chest: clear; CV: regular without murmur; Abdomen: no masses/tenderness, liver/spleen normal.

Impression: **[Tonsillitis improved. Continue antibiotics until June.]**

KEY

Patient Type/Category

Patient History

Patient Physical Examination

Patient Medical Decision

DOCUMENTATION

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CPT Evaluation and Management, Medical Decision Making

Patient B Medical Decision Making Worksheet

Patient History				
✓ Chief Complaint		• New Patient		✓ Established Patient
<i>To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.</i>				
HPI ✓ Location • Quality ✓ Severity • Duration • Timing • Context • Mod Factor ✓ Assoc S&S	ROS ✓ Allergic/Imm • Constitutional • Hem/Lymph ✓ ENMT • Integument • Eyes ✓ GI • GU • CV • Endocrine • Musc/Skel • Neurological • Psychiatric ✓ Respiratory	PFSH ✓ Past History ✓ Family History ✓ Social History	Type of History <i>Documentation of history of present illness, review of systems, and past, family and/or social history establishes the type of history.</i>	
• Brief HPI = 1-3				• Problem Focused
✓ Brief HPI = 1-3		• Problem Pertinent ROS = Related System		✓ Expanded Problem Focused
• Extended HPI = 4 or >3 Chr		✓ Extended ROS = 2-9 Systems		• Detailed
• Extended HPI = 4 or >3 Chr		• Complete ROS = 10 or > Systems		• Comprehensive
General Multi-System Examination				
Constitutional • Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration ✓ General Appearance	Cardiovascular • Palpation Heart ✓ Auscultation Heart • Carotid Arteries • Abdominal Aorta • Femoral Arteries • Pedal Pulses • Extremities	Neurological • Test Cranial Nerves • DTR • Sensation Genitourinary Male • Scrotum • Penis • Prostate Female • Genitalia • Urethra • Bladder • Cervix • Uterus • Adnexa	Eyes • Conjunctivae, Lids • Pupils, Irises • Optic Discs	Type of Examination Perform and Document: • Problem Focused: 1-5 bulleted (€) elements • Expanded Problem Focused: 6 or > bulleted (€) elements ✓ Detailed: 2 or > bulleted (€) elements of 6 systems or 12 or > bulleted (€) elements in 2 or > systems • Comprehensive: Perform all elements identified by a bullet (€) in at least 9 organ systems/body areas and document at least 2 bulleted (€) elements from each of 9 systems/areas
Gastrointestinal ✓ Mass/Tenderness ✓ Liver, Spleen • Exam for Hernia • Anus/Perineum/Rectum • Stool Occult/Indicated	Respiratory • Respiratory Effort • Percussion Chest • Palpation Chest ✓ Auscultation Lungs	Musculoskeletal • Gait/Station • Inspect/Palpate Digits/Nails • Joints/Bones/Muscles 1 or > of 6 areas • Insp/Palp • Stability • ROM • Tone, Strength		
ENMT ✓ External Ears & Nose ✓ Aud Canal, Tymp Membrane • Hearing ✓ Nasal Mucosa, Sept, Turb • Lips, Teeth, Gums ✓ Oropharynx	Skin • Inspect Sub-q Tissue • Palpate Sub-q Tissue Lymphatic • Lymph Nodes 2 or > • Neck • Groin • Axillae • Other	Psychiatric • Judgement, Insight ✓ MSE: TPP • Neck Exam • Thyroid Exam • MSE: Memory • MSE: Mood, Affect	Chest/Breast • Inspect Breasts • Palp Breasts/Axillae	
Medical Decision Making				
<i>To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.</i>				
Number of Diagnoses ÷/Management Options ~	Amount/Complexity Data to be Reviewed	Risk of Complications/Morbidity/Mortality	Type of Medical Decision Making	
✓ Minimal ÷ One self-limited or minor problem ~ Rest, gargles, superficial dressings	✓ Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound	• Minimal	✓ Straightforward	
• Limited ÷ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness ~ Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives	• Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging	• Low	• Low Complexity	
• Multiple ÷ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury ~ Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine	• Moderate Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis	✓ Moderate	• Moderate Complexity	
• Extensive ÷ 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus ~ Elective major OR, ER major surgery, parenteral controlled substances, DNR decision	• Extensive CV Imaging (risk), EPS, endoscopy (risk)	• High	• High Complexity	

CPT Evaluation and Management, Medical Decision Making

Medical Decision Making Answers (Continued)

The text addressing the Decision Making is [Bold Brackets].

Patient C:

Cardiology Office Visit: The primary care provider requested a cardiology consultation for evaluation and/or management of congestive heart failure. The patient was seen yesterday by the primary care provider. The EKG showed atrial fibrillation and the chest x-ray indicated congestive heart failure. Laboratory results are being faxed to the office.

Patient C is a new patient to the Cardiology clinic. He is a 62 year old male with a new onset of congestive heart failure.

Chief Complaint: Patient referred with recent findings of CHF. Experiencing shortness of breath and palpitations. Symptoms are precipitated by mowing lawn or with walking approximately five (5) blocks. Denies chest pain.

History: No personal or family history of CAD, MI, or CA.

Surgeries include lap cholecystectomy 10 years ago. On no medication

Occasional alcohol, has not smoked for 8 years.

Allergies: Penicillin

Vital Signs: BP – R130/86, L134/86, P – 120, R – 24, T – 37.0, Weight – 65kg, Height – 150cm

Exam: Appears older than stated age, retired. CV: pulse irregular rhythm, no murmur, faint bilateral rales. Neck: carotid – no bruit, no JVD. Abdomen: no masses/tenderness, liver/spleen wnl. Extremities: Femoral pulses strong, equal; Bilateral pedal pulses faint. 1+ ankle edema. Decreased exercise tolerance.

[EKG] – [Atrial Fibrillation]

Impression: [New onset Atrial Fib, CHF]

Plan: [Anticoagulation, 2D Echo, Cardioversion, R/O CAD, Cardiac Profile]

KEY

Patient Type/Category

Patient History

Patient Physical Examination

Patient Medical Decision

DOCUMENTATION

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Underlined

Bold/Italics

[Bracket]



CPT Evaluation and Management, Medical Decision Making

Patient C Medical Decision Making Worksheet

Patient History			
✓ Chief Complaint		✓ New Patient	• Established Patient
<i>To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.</i>			
HPI ✓ Location • Quality • Severity ✓ Duration ✓ Timing • Context ✓ Mod Factor ✓ Assoc S&S	ROS ✓ Allergic/Imm • Constitutional • Hem/Lymph • ENMT • Integument • Eyes • GI • GU ✓ CV • Endocrine • Musc/Skel • Neurological • Psychiatric ✓ Respiratory	PFSH ✓ Past History ✓ Family History ✓ Social History	Type of History <i>Documentation of history of present illness, review of systems, and past, family and/or social history establishes the type of history.</i>
• Brief HPI = 1-3			• Problem Focused
• Brief HPI = 1-3	• Problem Pertinent ROS = Related System		• Expanded Problem Focused
✓ Extended HPI = 4 or >3 Chr	✓ Extended ROS = 2-9 Systems	• Pertinent PFSH = 1	✓ Detailed
• Extended HPI = 4 or >3 Chr	• Complete ROS = 10 or > Systems	✓ Complete = 2-3	• Comprehensive
Cardiovascular Examination			
Constitutional ✓ Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration ✓ General Appearance	Cardiovascular • Palpation Heart ✓ Auscultation Heart ✓ BP 2 or > Extremities ✓ Carotid Arteries • Abdominal Aorta ✓ Femoral Arteries ✓ Pedal Pulses ✓ Peripheral Edema	Respiratory • Respiratory Effort ✓ Auscultation Lungs Extremities • Inspect/Palpate Digits/Nails Neck ✓ Jugular Veins Exam • Thyroid Exam Skin • Inspect/Palpate Sub-q Tissue Neuro/Psych Brief MSE: • Orientation Time, Place, Person • Mood and Affect	Type of Examination Perform and Document: • Problem Focused: 1-5 bulleted (•) elements • Expanded Problem Focused: 6 or > bulleted (•) elements ✓ Detailed: 12 or > bulleted (•) elements • Comprehensive: Perform all elements identified by a bullet (•), document all elements in a box with a border and 1 element in each box with no border.
Gastrointestinal ✓ Mass/Tenderness ✓ Liver, Spleen • Stool Occult/Indicated	Musculoskeletal • Back: Kyphosis ✓ Gait/Ability to Exercise • Muscle Strength/Tone		
ENMT • Inspect Teeth, Gums, Palate • Inspect Oral Mucosa Note Pallor/Cyanosis	Eyes • Conjunctive, Lids		
Medical Decision Making			
<i>To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.</i>			
Number of Diagnoses & Management Options ~	Amount/Complexity Data to be Reviewed	Risk of Complications/Morbidity/Mortality	Type of Medical Decision Making
• Minimal ♦ One self-limited or minor problem ~ Rest, gargles, superficial dressings	✓ Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound	• Minimal	• Straightforward
• Limited ♦ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness ~ Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives	✓ Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging	• Low	• Low Complexity
✓ Multiple ♦ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury ~ Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine	• Moderate Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis	✓ Moderate	✓ Moderate Complexity
• Extensive ♦ 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus ~ Elective major OR, ER major surgery, parenteral controlled substances, DNR decision	• Extensive CV Imaging (risk), EPS, endoscopy (risk)	• High	• High Complexity

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The three (3) “Key Components,” history, physical examination, and medical decision making documentation demonstration have been completed.

